

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 83	
STANDARD CERTIFICATE OF DEATH							
COUNTY	<u>Lila</u>	STATE	<u>ARIZONA</u>		REGISTERED NO.	<u>134</u>	
TOWNSHIP	<u>Globe</u>	OR VILLAGE					
CITY	<u>Globe</u>	NO.	<u>See House Canyon</u>		ST.		
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE	IN CITY OR TOWN WHERE DEATH OCCURRED		28	YRS.	7	MOS.	DS.
2. FULL NAME		<u>Alva C. Belcher</u>		HOW LONG IN STATE WHEN DEATH OCCURRED		28	YRS.
(A) RESIDENCE: NO.		<u>See House Canyon</u>		WARD			
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)		21. DATE OF DEATH (MONTH, DAY, AND YEAR)			
<u>Male</u>	<u>White</u>	<u>Married</u>		<u>Dec. 11th, 1934</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED				22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM			
HUSBAND OF <u>Mrs. Mary Ann Belcher</u>				<u>Dec 1, 1934 TO Dec 10, 1934</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				I LAST SAW HIM ALIVE ON <u>Dec 10, 1934</u> ; DEATH IS SAID			
<u>4-8-1860</u>				TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>10:00 A.M.</u>			
7. AGE	YEARS	MONTHS	DAYS	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:			
<u>74</u>	<u>8</u>	<u>3</u>	IF LESS THAN 1 DAY, HRS. OR MIN.	<u>Sepsis-Septic Arthritis</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				DATE OF ONSET			
<u>Cattleman</u>				<u>July-34</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)				<u>Many abscessed teeth</u>			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				NAME OF OPERATION <u>Teeth Extraction</u> DATE OF <u>Dec 5</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				WHAT TEST CONFIRMED DIAGNOSIS? <u>NO</u> WAS THERE AN AUTOPSY? <u>NO</u>			
<u>Howell County, Missouri</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>NO</u> DATE OF INJURY <u>NO</u>			
13. NAME <u>Al C. Belcher</u>				WHERE DID INJURY OCCUR? <u>NO</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
<u>Virginia</u>				MANNER OF INJURY			
15. MAIDEN NAME <u>Elizabeth Ann Bullock</u>				NATURE OF INJURY			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)				24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>NO</u>			
<u>Georgia</u>				IF SO, SPECIFY (SIGNED) <u>R.D. Kennedy</u> M. D.			
17. INFORMANT <u>Mrs. Winnifred H. Francis</u>				(ADDRESS) <u>Globe, Ariz</u>			
(ADDRESS) <u>Bisbee, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL							
PLACE <u>Globe Cemetery</u> DATE <u>12-13, 1934</u>							
19. EMBALMER							
LICENSE NO. <u>18-A</u>							
SIGNATURE <u>Fred Jones</u>							
FUNERAL DIRECTOR							
ADDRESS <u>Globe, Arizona</u>							
20. FILED <u>Jan 12, 1935</u>							
REGISTRAR							